



Robert C. Byrd Honors Scholarship

2003 - 2004

STUDENT INFORMATION Please type or print in black ink only. If staff of the Byrd Scholarship Office cannot read your application, it will be rejected and shall not be forwarded to the panel for consideration.

| | | |
|--------------|-----------------|-----------------------|
| Student Name | Social Security | Home Phone () |
| First | Middle | Last |

| | | |
|-----------------------------|------|----------|
| Home Address | City | Zip Code |
| Number and Street or PO Box | | |

| | | |
|------------------------------|--------------|-----------------------|
| Parent/Legal Guardian's Name | Relationship | Home Phone () |
|------------------------------|--------------|-----------------------|

List **academic honors** received to date. List most recent honor first, with others following in descending order. Use this space only. Please type or use black ink only.

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List **activities**, student or other offices held, responsibilities involving school and community services. List most recent activities first, with others following in descending order. Use this space only. Please type or use black ink only.

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APPROVAL SIGNATURES

Student (Please sign in blue ink)

Date of Signature

Parent/Legal Guardian (Please sign in blue ink)

Date of Signature

School Counselor (Please sign in blue ink)

Date of Signature



Robert C. Byrd Honors Scholarship

2003 - 2004

STUDENT NAME

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Student's Social Security #

SCHOOL INFORMATION (to be filled out by High School Principal or Counselor)

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|---------------------|------|------------------|
| Principal's Name | | Counselor's Name |
| Name of District | | County |
| Name of High School | | HS Phone () |
| High School Address | City | Zip Code |

SCHOOL & STUDENT INFORMATION

| Depending on the school enrollment, high school principal/counselor must rank-order each application submitted from each high school. The limit of applications for a high school is dependent on enrollment. | | | | | | | | | | |
|---|---|------------------|----------------------|---|----------------|---|----------------|---|--|--|
| <table border="1"><thead><tr><th>Student Enrollment</th><th>Student Referral</th></tr></thead><tbody><tr><td>Less than 499</td><td>1</td></tr><tr><td>Less than 1499</td><td>2</td></tr><tr><td>More than 1500</td><td>3</td></tr></tbody></table> | Student Enrollment | Student Referral | Less than 499 | 1 | Less than 1499 | 2 | More than 1500 | 3 | Principal's ranking of this student: 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> Cumulative grade average <input type="text"/> Is grade average weighted? No <input type="checkbox"/> Yes <input type="checkbox"/> <small>If yes, please attach an explanation of the weighted process being used as an attachment to the student's transcripts.</small> | |
| Student Enrollment | Student Referral | | | | | | | | | |
| Less than 499 | 1 | | | | | | | | | |
| Less than 1499 | 2 | | | | | | | | | |
| More than 1500 | 3 | | | | | | | | | |
| Indicate High School Enrollment <input type="checkbox"/> | Student Rank in Class <input type="text"/> Senior Class Size <input type="text"/> ACT / SAT Score (Either or both) <input type="text"/> | | | | | | | | | |

I affirm that the information provided in this application is accurate to the best of my knowledge

School Principal, Assistant Principal or Counselor's Signature

Date of Signature